

# Foster Family Home - Corrective Action Report

Provider ID: 1-150009

Home Name: Victor Jr. Laforteza, CNA

Review ID: 1-150009-6

98-550 Kaamilo St.

Reviewer: David Ayling

Aiea HI 96701

Begin Date: 2/21/2018

End Date: 2/26/18

## Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 2/21/18. Corrective Action Report issued during home visit with all items due to CTA by 3/21/18.

6.(d)(1) - see applicable sections of the review

## Foster Family Home Background Checks

[17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1.(a)(1),(2) - Second year APS/CAN and fingerprints for CG #3 not done(expired on 12/28/17).

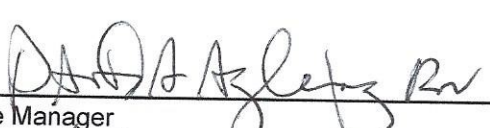
## Foster Family Home Personnel and Staffing

[17-1454-41]

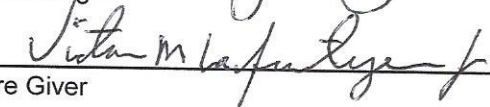
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR, First Aid, and Blood Borne Pathogen present for CG #3(expired on 9/22/17).

  
Compliance Manager

2/21/18  
Date

  
Primary Care Giver

2/26/18  
Date

## WRITTEN PLAN OF CORRECTION

7.1(a)(1)(2)

I got current APS/CAN and Fingerprints from CG#3 and placed them in my CTA binder.

41.(b)(8)

I got current CPR, First Aid and Blood Borne Pathogen certificates from CG#3 and placed in my CTA binder.

I placed all items with expiration dates (CPR, TB, APS/CAN) on my iPhone calendar with a reminder of 1<sup>st</sup> month before expiration.

Signature:  Date: 4/26/18

98-550 Kaamilo St.  
Aiea, HI 96701